

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101573401

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4		2		2		
5		2		2		
6		2		2		
7		2		2		
8		2		2		
9		2		2		
10		2		2		
11		2		2		
12		2		2		
13		2		2		
14		2		2		
15		2		2		
16		2		2		
17		2		2		
18		2		2		
19		2		2		
20		2		2		
21		2		2		
22		2		2		
23		2		2		
24		2		2		
25		2		2		
26		2		2		
27		2		2		
28		2		2		
29		2		2		
30		2		2		
31		2		2		
32		2		2		
33		2		2		
34		2		2		
35		2		2		
36		2		2		
37		2		2		
38		2		2		
39		2		2		
40		2		2		
41		2		2		
42		2		2		
43		2		2		
44		2		2		
45		2		2		
46		2		2		
47		2		2		
48		2		2		
49		2		2		
50		2		2		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2		2		
52		2		2		
53		2		2		
54		2		2		
55		2		2		
56		2		2		
57		2		2		
58		2		2		
59		2		2		
60		2		2		
61		2		2		
62		2		2		
63		2		2		
64		2		2		
65		2		2		
66		2		2		
67		2		2		
68		2		2		
69		2		2		
70		2		2		
71		2		2		
72		2		2		
73		2		2		
74		2		2		
75		2		2		
76		2		2		
77		2		2		
78		2		2		
79		2		2		
80		2		2		
81		2		2		
82		2		2		
83		2		2		
84	1			1		
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	19	←		←
TOTAL CLAIMS			21			